

Applicant Name \_\_\_\_\_ District \_\_\_\_\_

Date Submitted \_\_\_\_\_ Interview Date \_\_\_\_\_

# **Project SEARCH**

## **High School Transition Program**

### **Intern Application Packet**

### **2018-2019**





## **Application Purpose**

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application then enables the Selection Committee to properly assess each student candidate's skills, abilities, and background. A parent, student, counselor, teacher, or employer may be contacted by the Selection Committee to gather additional information. Our final goal is to select students who will be successful in a Project SEARCH High School Transition Program and **reach the outcome of competitive employment.**

## **Application Guidelines:**

1. All students are to complete this packet of information to be considered for participation in the Project SEARCH High School Transition Program.
2. **Return completed Packet by Friday, March 23, 2018 to:**  
  
**Brenda Williamson, Project SEARCH Coordinator**  
**FNSBSD Special Education Department**  
**520 5<sup>th</sup> Avenue**  
**Fairbanks, Alaska 99701**
3. The \*Selection Committee will review the applications, schedule interviews and if accepted, match the student skill set and interests with the Project SEARCH High School Transition Program.
4. Eight to ten students will be accepted into Project SEARCH each year. A phone call and an acceptance letter will be sent to the newly selected interns. A letter will be sent home informing all other applicants of the decision.
5. If accepted, the student must be able to pass a criminal background check and drug screen. Student will also be required to have a TB test completed and get a flu shot. A complete immunization record must be submitted no later than May 4, 2018.

\* The Project SEARCH Selection Committee may include the Project SEARCH Business Liaison and administrators, FNSBSD Special Education staff and administrators, and Division of Vocational Rehabilitation (DVR) Supervisors and Vocational Rehabilitation Counselors.

## **Application Checklist**

- ☐ Completed Application.
- ☐ Two (2) letters of recommendations or work performance evaluations (teacher, principal, employer, guidance counselor, etc.).
- ☐ Photo ID
- ☐ Current Individual Education Plan (IEP) including Transition Goals.
- ☐ Current Evaluation Summary & Eligibility Report.
- ☐ High School Attendance Report.



The following information is to be completed by applicant, parents/guardians, and/or teachers collaboratively:

## PERSONAL DATA

Applicant Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip Code

District of Residence: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ SSN \_\_\_\_\_

Applicant Lives With \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

☐ **I am my own legal guardian.**

## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian e-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Place of Employment: \_\_\_\_\_

Parent/Guardian Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Contact Time and Method: \_\_\_\_\_

What is your primary language?

☐ English

☐ Sign Language

☐ Spanish

☐ Other \_\_\_\_\_



EMPLOYMENT BACKGROUND

The goal is for every intern to become competitively employed upon graduation from Project SEARCH. Do you want to work: FULL TIME ☐ PART TIME ☐ EITHER ☐

Are you willing to work: Weekdays ☐ Weekends ☐ Evenings ☐ Any ☐

List jobs you do or have done in school or in the community (Include Work-Based Learning Experiences/Volunteer Work):

Employer	Job Title	Job Duties	Supervisor Name/Contact Number	Paid	Unpaid
		1.		<input type="checkbox"/>	<input type="checkbox"/>
		2.		<input type="checkbox"/>	<input type="checkbox"/>
		3.		<input type="checkbox"/>	<input type="checkbox"/>
		4.		<input type="checkbox"/>	<input type="checkbox"/>
		1.		<input type="checkbox"/>	<input type="checkbox"/>
		2.		<input type="checkbox"/>	<input type="checkbox"/>
		3.		<input type="checkbox"/>	<input type="checkbox"/>
		4.		<input type="checkbox"/>	<input type="checkbox"/>
		1.		<input type="checkbox"/>	<input type="checkbox"/>
		2.		<input type="checkbox"/>	<input type="checkbox"/>
		3.		<input type="checkbox"/>	<input type="checkbox"/>
		4.		<input type="checkbox"/>	<input type="checkbox"/>
		1.		<input type="checkbox"/>	<input type="checkbox"/>
		2.		<input type="checkbox"/>	<input type="checkbox"/>
		3.		<input type="checkbox"/>	<input type="checkbox"/>
		4.		<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been fired from or quit a job?

Yes ☐ No ☐ If YES, please explain:

Could you pass a criminal background check?

Yes ☐ No ☐ If NO, please explain:



## TRANSPORTATION

How do you plan to get to Project SEARCH?

FNSBSD ☐      MACS ☐      Family/Friends ☐      Drive Self ☐

## SERVICE AGENCIES

Do you have an Division of Vocational Rehabilitation (DVR) Counselor?

Yes ☐      Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
No ☐

Do you have a Care Coordinator and/or case manager from the Office of Seniors and Disabilities Services?

Yes ☐      Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
No ☐

Do you have other Service Providers? (i.e. residential, therapist, etc.)

Yes ☐      Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
No ☐

## INDEPENDENT LIVING

Please list all medications taken by the student, including the dosage and time of day.

Medication(s)	Dosage	Time of day

What is your disability? \_\_\_\_\_

How may your disability affect job performance (behavior, sensory, communication, academic level, etc.)?

Adaptations/accommodations that you may need at work?

Medical Concerns:



**STUDENT RESPONSE QUESTION**

**Why do you want to participate in the Project SEARCH High School Transition Program?** *(Student should complete in own words)*

**List Three References (Not Family Members):**

	<b>Name/Relationship</b>	<b>Phone Number</b>	<b>Email Address</b>
1.			
2.			
3.			